

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		6418	2-3-00
O.I.P.E. CLASSIFIER		12	2/17
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		641830	11-6

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/10/04
2	✓	✓	9/15/04
3	✓	✓	2/3/05
4	✓	✓	12/15/05
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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